

Contact Point Worksheet

NAVAL MEDICAL CENTER SAN DIEGO

PATIENT'S LAST NAME, FIRST, MI			STATUS		DATE OF EVENT		TIME		DEPT/CLINC/WARD		
LOCAL ADDRESS						TELEPHONE		SOURCE			
								PATIENT CONTACT POINT			
SPONSOR'S LAST NAME, FIRST, MI				RANK/RATE		SSN		OCCURENCE REPORTS			
								CONSUMER COUNCIL			
DUTY STATION ADDRESS						TELEPHONE		CONGRESSIONAL INQUIRIES			
								COMMAND WRITTEN			
								COMMAND VERBAL			
				NATURE OF CONTACT							
COMPLAINT TYPE				COMPLIMENT TYPE				IF STAFF INVOLVED			
		LACK OF COURTEOUSNESS				COURTEOUS PERSONNEL		NAME			
		CLINICAL MISTREATMENT				EXCELLENT CARE					
		WAITING TIME				EXTRA EFFORT				MILITARY	CIVILIAN
		LACK OF CLEANLINESS				OTHER (Specifv)		PHYSICIAN			
		SPACE LIMITATION						NURSE			
		ACCOMMODATION COMPLAINT						LVN			
		MISUNDERSTANDING/COMMUNICATION						NURSES AIDE			
		HIPAA PRIVACY						CORPSMAN			
		OTHER (Specify)						OTHER (Specify)			
PROBLEM (Include attachments as applicable)											
PROBLEM RESOLUTION											
FOLLOW-UP LETTER											
<div><div><input type="checkbox"/>A</div><div><input type="checkbox"/>B</div><div><input type="checkbox"/>C</div><div><input type="checkbox"/>D</div><div><input type="checkbox"/>E</div><div><input type="checkbox"/>F</div><div><input type="checkbox"/>G</div><div><input type="checkbox"/>H</div><div><input type="checkbox"/>I</div><div><input type="checkbox"/>J</div><div><input type="checkbox"/>K</div></div>											

Phone: 619-532-6477